

RECEIVED**APR 29 2011****Application for License to
OFFICE OF INSPECTOR GENERAL Operate a Long-term Care Facility**For Office Use Only
Received 4.29.11
Amount \$375*Emailed Validation
letter 4/29/11***I. IDENTIFICATION**

Name Ephraim McDowell Regional Medical Center, Nursing Facility
Address 217 South Third Street
City/County/Zip Danville, Boyle County, Kentucky 40422
Telephone number (859) 239-4400 E-Mail: jmorgan@emrnc.org
Administrator Judy Morgan, RN, KY Nursing Home Administrator
Date facility operation began at current address 1994
Date facility began operation under current owner 1994

II. TYPE BEDS	No. beds licensed	No. beds requested
Skilled	<u> </u>	<u> </u>
Nursing Home	<u> </u>	<u> </u>
Nursing Facility	<u>25</u>	<u>25</u>
Intermediate Care	<u> </u>	<u> </u>
ICF/MR	<u> </u>	<u> </u>
Personal Care	<u> </u>	<u> </u>

II. CONTROL (check one in each column)

State	Profit	Individual
County	<u>Nonprofit</u> X	Partnership
City		Corporation X
<u>Private</u> X		

II. OWNERSHIP

Name and address of individual owner, partners or corporation. If partnership, list partners.

Ephraim McDowell Regional Medical Center, INC
217 South Third St.
Danville, KY 40422

(OVER)

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If facility owned or leased by a corporation, complete the following:

Name of corporation Ephraim McDowell Health
Address of corporation 217 South THird Street
President or Chairman William D. Ruth, III, CPA, Chair
Vice President James L. Jacobus, Vice Chair
Secretary Dale Kihlman, Secretary
Treasurer Bob Rowland, Treasurer

Attach a separate sheet listing the names and addresses of each person having at least a twenty-five (25) percent ownership interest in the facility.

If owned by a corporation, attach a separate sheet listing the names and addresses of each officer or director of the corporation. (attached).

If owned by a partnership, attach a separate sheet listing the names and addresses of each partner.

Name and address of parent corporation and/or management company, if applicable.

Parent	Management Company
<u>Ephraim McDowell Health</u>	<u></u>
<u>217 South Third Street</u>	<u></u>
<u>Danville, KY 40422</u>	<u></u>

I understand that any change in the application that affects my licensure status will be reported to the Office of Inspector General and a new application will be completed at that time. I agree that this facility and all aspects of its operation shall be open at all times to inspection and surveillance by all state agency licensure personnel. I certify that the information given in completing this application is accurate to the best of my knowledge and recognize that falsification of this application can result in denial or revocation of licensure.

Judy Morgan, R.N.
Signature of authorized representative

RN, Director
Nursing Home Administrator
Title Date 02/28/11

Return Application and fee to:

Office of Inspector General
275 East Main Street, 5E-A
Frankfort, Kentucky 40621

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(10/2002)

**Ephraim McDowell Health, Inc.
Ephraim McDowell Regional Medical Center, Inc.
Board of Directors FY '11**

William D. Ruth, III, CPA, Chair

David Hopper, M.D.

**James L. Jacobus, Vice Chair
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John Cuny

**Thomas J. Serey, MD, *ex officio*
 *voting***

Sheree Gilliam

James G. Alexander, M.D., FACOG *ex officio*

**Vicki A. Darnell, President/CEO *ex officio*
Ephraim McDowell Health *nonvoting***

Rodney Bates, M.D.

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